



Air Force Association CAP Unit Grant Application



DIRECTIONS: Please type or print the following information:

1 AEROSPACE EDUCATION OFFICER INFORMATION				
AEO Last Name	First Name	Middle Initial	CAPSN	E-mail Address
Squadron Name				Squadron Telephone Number
Squadron Address	City	State	Zip Code	Squadron Fax Number
2 THE PURPOSE OR OBJECTIVE OF THE GRANT				
Subject(s) grant money will be used to support:		Topic area(s) to be addressed by grant money:		
<input type="checkbox"/> Science	<input type="checkbox"/> Engineering	<input type="checkbox"/> Aviation	<input type="checkbox"/> Careers	
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Technology	<input type="checkbox"/> Rockets	<input type="checkbox"/> Space	
<input type="checkbox"/> Other: Specify _____		<input type="checkbox"/> Other: Specify _____		
3 SPECIFIC DETAILS				
How will the grant money promote aerospace education in your squadron?				
Please list your unit's previous aerospace education activities:				
4 OTHER INFORMATION				
Requested Funds (May receive up to \$250.00)		Age of participants:	Number of participants who will benefit from this grant:	
Please list the name, address, telephone number, and contact person of the organization you will be visiting.. (This only applies if you use the funds outside of the unit on a field trip, for example, to visit a museum, airport, Air Force Base, etc.)				
Contact Person		Telephone Number		
Street Address	City	State	Zip Code	
VERIFICATION				
Signature of Unit Commander		Printed Name of Unit Commander		
Signature of Unit Aerospace Education Officer		Date		
MAIL OR FAX DOCUMENTS TO:				
HQ CAP/ED 105 South Hansell Street/ Building 714 Maxwell Air Force Base, Alabama 36112-6332 Application for: <input type="checkbox"/> Winter - Due 31 December <input type="checkbox"/> Summer - Due 30 June		QUESTIONS? Telephone: 334-953-7572 Fax: 334-953-4235 E-mail: jmontgomery@cap.gov		